Alzheimer's Society Centre of Excellence at Newcastle University

PriDem Dementia Care Community

Summary of meetings, November 2019

Feedback from October meeting

There had been lively and useful discussions at the October meeting about the areas that should be covered by post diagnostic support services. Your comments were fed back at the programme management group on 25 November. The group were very interested in the work of the DCC and will use your views to inform the development of the new intervention.

Update on the programme

- Data collection in our six selected services is progressing well and due to be completed by the end of November

- The programme management group has met twice to discuss the content and delivery of the new intervention to be tested in the second half of the programme. This work will continue next year and ideas will be brought to the DCC for discussion.

Main discussion

We asked the DCC to think about what 'carer wellbeing' meant to them. The views of carers, people with dementia and professionals were broadly similar. The range of areas this should cover are summarised below:

- Having timely access to information about what to expect in the future and help with advance care planning
- Being informed about local support services
- Being informed about, and supported with, financial and legal matters
- Gaining insight into your own needs and having someone to advocate for you
- Having a break from caring
- Developing a relationship with, and trust in, services
- Developing knowledge, skills and confidence
- Maintaining identity and social networks
- Supporting emotional wellbeing, including grieving
- Optimising physical health
- Ensuring safety and managing risk

At the previous meeting, Louise Robinson summarised the national guidelines for dementia diagnosis and support. One key recommendation is that all people with dementia should have a named health or social care professional responsible for coordinating care. In the second half of the meeting, DCC members discussed:

- Qualifications, knowledge & qualities needed by the named professional
- Whether everyone needs a named professional throughout the illness?
- Whether co-ordination of care is needed throughout the illness?

Part of the role of the named professional is also to develop and review care plans. We asked the groups to consider how these care plans could be structured in terms of headings and issues to be discussed. As usual, we were trying to do too much, so this discussion will continue at the next meeting.

Smart homes for people with dementia
The issue of 'smart' homes for people with dementia had been raised at a previous meeting. Unfortunately we have not been able to identify a local smart home which you can visit. However, we have found a couple of potentially useful resources:

- There is a report on improving the design of housing to assist people with dementia - some key points are listed on the attached sheet together with a link to the full report.
- Although it is about care homes, there are some interactive tips on design at: https://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home (Use Internet Explorer rather than Google Chrome)

Next steps
- The next DCC meetings and visits will be in March 2020. We will continue to work with you to develop ideas about what care plans should cover.
- We will also feedback the key findings from our work with the six selected sites and explore which aspects you think would be most useful to include in our new intervention.

You will be pleased to hear that Greta gave birth to a gorgeous baby boy—Luca—on 20 December. Both are doing well and hope to pop in to a future DCC meeting.

If you have any questions or comments about this summary, please contact Claire Bamford (DCC Facilitator while Greta is on maternity leave) on 0191 208 7047 or claire.bamford@ncl.ac.uk

You can now follow us on Twitter @PriDemProject

Our website is https://research.ncl.ac.uk/pridem/

Extract from: Improving the design of housing to assist people with dementia

Dementia Services Development Centre (2013)

Top ten housing adaptations

1. Double the usual levels of lighting in the home.

2. Pay attention to acoustics and reduce noise pollution.

3. Ensure there is good signage mounted low enough for older people.

4. Use contrast of tone (rather than colour) to differentiate between walls, skirting boards and floors. Ensure that the tone of flooring/paving is consistent throughout the house and also in outside areas.

5. Use contrast of colour or tone to make switches and objects easily visible.

6. Use objects or pictures rather than colours to differentiate between rooms and different parts of the building.

7. Ensure that kitchens and bathrooms are easy to understand. Avoid modern fixtures and fittings such as taps or kettles.

8. Ensure that people can see important rooms such as the toilet, as easily as possible, and that furniture and fittings clearly indicate the purpose of each room. Use unambiguous signage on the doors of rooms.

9. Place illuminated clocks in each room indicating whether it is am or pm 1

10. All doors should ideally be visible on entering the dwelling. Cupboards should be glass-fronted or open.

Four priority areas

1. Improve lighting

2. Ensure flooring/paving is consistent in tone

3. Ensure the toilet is easy to find

4. Ensure good contrast in the toilet/bathroom

Link to full report:
http://www.cih.org/resources/PDF/Scotland%20general/Improving%20the%20design%